Joint Appropriations Committee on Health and Human Services - Status Update on Legislative Budget Items - 2013 Session

Bill Number	Section Number	Title	Special Provision	Complete (Yes/No)	Date Report Submitted (If Applicable)	Additional Information (For all Medicaid items please include SPA related date information (submitted and approved/rejected) and the dates the required changes were implemented into NC Tracks. You will not have to repeat information included in the Money Item Spreadsheet, but note that the information is in the separate document.)
2013 Session of the North Carolina General Assembly						
SB 402	12A.1	DEPARTMENT FLEXIBILITY TO ACHIEVE DEPARTMENTAL PRIORITIES AND ENHANCE FISCAL OVERSIGHT AND ACCOUNTABILITY	Allows the Department of Health and Human Services (DHHS) flexibility to: (i) reorganize positions and related operational costs upon demonstrating cost-effectiveness and (ii) realign existing resources, including the identification of up to 32 existing positions, to expand its internal audit capacity. Any realignments must be reflected in the authorized budget. DHHS shall report no later than June 30, 2014 to the Joint Legislative Oversight Committee on Health and Human Services and the Fiscal Research Division on any of these actions.	Yes	06/30/2014	
SB 402	12A.2B	ESTABLISH STATEWIDE TELEPSYCHIATRY PROGRAM	Directs the DHHS to submit to the Senate Appropriations Committee on Health and Human Services, the House Appropriations Subcommittee on Health and Human Services, the Joint Legislative Oversight Committee on Health and Human Services (LOC), and the Fiscal Research Division (FRD) by August 15, 2013, a plan to implement a statewide telepsychiatry program to be administered by East Carolina University Center for Telepsychiatry and e-Behavioral Health (ECU). Article 3 of Chapter 143B is amended to create a new section that charges the Office of Rural Health and Community Care (ORHCC) with specific oversight, monitoring, and reporting responsibilities relative to implementation and operation of the program. ECU is required to work towards statewide implementation of the program and to report annually on or before November 1 to LOC and FRD on specific performance measures. Two million dollars is appropriated to ORHCC in FY 2013-14 and FY 2014-15 to be used for the contract with ECU and for the purchase of needed telepsychiatry equipment for the State facilities. (S.B. 562/H.B. 580)	Yes	8/15/13; Tuesday 11/4/14	ECU rather than DHHS, has the reporting requirement on this program. As of June 2014, the Statewide Telepsychiatry Program (NC-STeP) had increased the number of referring sites to 30, provided evaluation and care to 1,465 involuntary commitment patients, overturned 346 involuntary commitments, and provided cost savings estimated at $1,102,356.
SB 402	12A.3	HEALTH INFORMATION TECHNOLOGY (HIT)	Directs the DHHS, in cooperation with the State Chief Information Officer, to coordinate State HIT policies and programs in a manner consistent with State and federal HIT goals and to establish and direct an efficient and transparent HIT management structure that is compatible with the Office of National Health Coordinator for Information Technology. Section 12A.3 amends S.L. 2011-145, Sec. 10.24 (c) to eliminate quarterly reports due from DHHS on the status of federal and State HIT efforts, and, instead, directs DHHS to provide a one-time comprehensive report on the status of these efforts to the Joint Legislative Oversight Committee on Health and Human Services and the Fiscal Research Division by January 15, 2015.	Yes	01/20/2015	This report represents the final update; certain data aspects required verification prior to sending.

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SB 402	12A.4	FUNDS FOR REPLACEMENT MEDICAID MANAGEMENT INFORMATION SYSTEM/IMPLEMENTATION OF REPLACEMENT MMIS	Authorizes use of prior year earned revenue for the replacement Medicaid Management Information System (MMIS) project. DHHS is authorized, if these funds are insufficient, to utilize over realized receipts and appropriations to achieve the level of funding specified for the replacement MMIS, with prior approval from the Office of State Budget and Management. Subsection (g) requires specific reports to the Joint Legislative Oversight Committee on Health and Human Services, the Joint Legislative Oversight Committee on Information Technology, and the Fiscal Research Division, including (i) a September 1, 2013 progress report on full implementation of the replacement MMIS, (ii) a November 1, 2013 progress report on costs associated with full implementation of the replacement MMIS, (iii) a December 1, 2013 plan for elimination of the Office of Medicaid Management Information System Services and transfer of its remaining operations to other Divisions in DHHS, and (iv) a January 15, 2014 preliminary report on the plan for achieving system certification. The section also mandates completion of the Reporting and Analytics Project solution simultaneously with the implementation of the replacement MMIS. The approval of overtime or compensatory time related to the replacement MMIS after August 1, 2013 is prohibited without prior written approval from the Office of State Personnel. Subsection (j) requires DHHS to plan and implement system modifications necessary to require all contractors to perform Medicaid claim adjudication in the replacement MMIS by the earlier of July 1, 2014 or prior to renewing any contract with an entity required to perform Medicaid claim adjudication. (S.L. 2013-363, Sec. 4.1, Modifications/2013 Appropriations Act, amends the effective date for requirements for Medicaid claims adjudication to January 1, 2015 or prior to renewing any contract with an entity required to perform Medicaid claim adjudication.)		8/30/13; 11/1/3; 12/8/13; 1/15/14; **Monthly Overtime Reports:** 9/16/13; 10/16/13; 11/18/13; 12/17/13; 1/15/14; 2/21/14; 3/14/14; 4/11/14; 5/15/14; 6/13/14; 7/9/14; 8/18/14; 9/18/14; 10/15/14; 11/17/14; 12/19/14	Monthly reports have no specified due date.		
SB 402	12A.5	FRAUD DETECTION THROUGH NORTH CAROLINA ACCOUNTABILITY AND COMPLIANCE TECHNOLOGY SYSTEM	Directs DHHS to link the following three programs to the North Carolina Financial Accountability and Compliance Technology System: (1) Medicaid Management Information System, (2) North Carolina Child Treatment Program State-funded secure database, and (3) North Carolina Families Accessing Services through Technology. DHHS is required to submit a plan on integration to the Joint Legislative Oversight Committee on Information Technology and the Joint Legislative Oversight Committee on Health and Human Services by April 1, 2014.	Yes	04/01/2014			

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SB 402	12A.6	FUNDING FOR NORTH CAROLINA FAMILIES ACCESSING SERVICES THROUGH TECHNOLOGY (NC FAST); REPORT ON ELIGIBILITY DETERMINATIONS FOR THE EXCHANGE	Directs DHHS to use the NC FAST fund balance and appropriations of $865,000 in FY 2014-15 to match federal funds (90/10 match rate). DHHS is required to submit a report by three months after open enrollment begins for federal Health Benefit Exchange to the Joint Legislative Commission on Governmental Operations, the Joint Legislative Oversight Committee on Health and Human Services, and the Joint Legislative Oversight Committee on Information Technology on NC FAST's connection to the federally facilitated Health Benefit Exchange for Medicaid eligibility determinations.	Yes	Monday, 2/3/2014	Delayed and changing system requirements, scope, and schedule, and lack of response to business and technical questions posed to CMS has been a challenge for this project. When Project 7 began in March 2013 with the current direction, the state relied on target dates provided by CMS for key components of the FFM to be ready for interaction with the state's NC FAST System. The state also relied on business and technical requirements provided by CMS for implementing changes to the new Medicaid application process under the ACA and for direction on how the interfaces between the FFM and NC FAST should work. Since the initial planning in early 2013, CMS has repeatedly changed the core business and technical requirements for both the modifications to the Medicaid application process and the interaction between the FFM and NC FAST, along with the scope of functionality to be delivered by the federal government. Along with the changing requirements, the schedule has been impacted over and over again due to federal timelines changing at the last minute. Probably the most significant impact this had for North Carolina is the fact that the interfaces between the FFM and NC FAST that were initially targeted to be turned on October 1, 2013 were not activated until December 27, 2013 and January 16, 2014.		
SB 402	12A.11	ANNUAL REPORT OF LAPSED SALARY FUNDS	Amends S.L. 2012-145, Sec. 10.20 to require DHHS to report annually on the use of lapsed salaries within each DHHS division. The report shall be submitted to the Joint Legislative Oversight Committee on Health and Human Services and the Fiscal Research Division.	Yes	11/1/2013; Monday, 11/3/14			

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SB 402	12B.1	NC PRE-K	Maintains the current eligibility criteria for the pre-kindergarten program, NC Pre-K. Subsections (a) through (e) require NC Pre-K contractors to continue to issue multi-year contracts for NC Pre-K classrooms, require entities operating NC Pre-K classrooms to adhere to programmatic standards and classroom requirements as prescribed by the Division of Child Development and Early Education (DCDEE), and require NC Pre-K classrooms to participate in the SEEK automation system. Subsections (f) and (g) create a pilot program to pay providers on a per-classroom basis versus a per-child basis and extends the reporting date to January 31, 2014 for DCDEE to report on the implementation of the pilot program. These subsections also direct DCDEE to report annually by March 15 on the number of children served by county, expenditures, and the results of an annual evaluation of the program. Both reports are to be provided to the Joint Legislative Oversight Committee on Health and Human Services and the Fiscal Research Division. (SB 557) Subsection (h) amends G.S. 143B-168.4(b) to stagger the terms of the initial new appointees to the Child Care Commission. Subsection (i) sets the expiration date of the existing Commission members on the effective date of the act and sets the appointment date of the new members for October 1, 2013. (S.L. 2013-363, Sec. 4.2, Modifications/2013 Appropriations Act, amends this section to correct the number of members appointed to the Child Care Commission. Section 4.3 adds a new section to extend the licensure deadline for public school Pre-K classrooms to July 1, 2014.)	Yes	Monday, 2/3/2014			

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SB 402	12B.3	CHILD CARE SUBSIDY RATES	Sets the maximum gross family income for child care subsidy eligibility at 75 percent of the State Median Income (SMI), and requires families to participate in the cost of care by paying eight, nine, or ten percent of the gross family income based on family size. Subsection (c) sets out the requirements for payments to child care facilities and prohibits the use of child care subsidy funds for facility registration fees and transportation services. Eligibility for post-secondary education subsidy is limited to 20 months. Subsections (d) through (g) direct the Division of Child Development and Early Education to calculate a market rate for each rate category in each county or region, define higher quality care as four- and five-star rated facilities, and prohibit separate licensing requirements for facilities operated pursuant to G.S. 110-106. Subsection (h) requires that child care services funded through the Work First Block Grant comply with all subsidized child care program regulations and procedures. Subsection (i) sets child care subsidy eligibility criteria for legal and illegal noncitizen families in the State. Subsection (j) requires county departments of social services to include information on whether a child waiting for child care subsidy is receiving assistance through Pre-K or Head Start.	Yes	N/A	This was existing language related to child care eligibility which was changed in the 2014 legislative session. Reference notes in the 2014 conference report (Items #17 and #18).		
SB 402	12B.4	CHILD CARE ALLOCATION FORMULA	Directs DHHS to allocate subsidy funds to counties based on the number of children in each county under age 11 in families with all parents working earning less than 75 percent of the State Median Income. DHHS is authorized to reallocate unused voucher funds to counties based on projected expenditures of all child care subsidy voucher funding.	Yes	N/A			
SB 402	12B.5	CHILD CARE FUNDS MATCHING REQUIREMENTS	Directs that no matching funds may be required of local governments as a condition of receiving their initial allocation of child care funds. All reallocated funds exceeding $25,000 above a local government's initial allocation shall be matched by 20 percent.	Yes	N/A			
SB 402	12B.6	CHILD CARE REVOLVING LOAN	Authorizes the DHHS to administer a Child Care Revolving Loan program.	Yes	N/A			

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2013 Session of the North Carolina General Assembly								
SB 402	12B.7	ADMINISTRATIVE ALLOWANCE FOR COUNTY DEPARTMENTS OF SOCIAL SERVICES/USE OF SUBSIDY FUNDS FOR FRAUD DETECTION	Directs the Division of Child Development and Early Education (DCDEE) to fund the administrative allowance for county departments of social services at four percent of the county's total child care subsidy funds or $80,000, whichever is greater. Subsection (b) allows a county department of social services to use up to two percent of subsidy funds allocated to the county for fraud detection and investigation. Subsection (c) requires DCDEE to submit a progress report on the use of child care subsidy funds for fraud detection and investigation initiatives to the Joint Legislative Oversight Committee on Health and Human Services and the Fiscal Research Division by May 1, 2014 and a follow-up report by January 1, 2015. (S.L. 2013-363, Sec. 4.7, Modifications/2013 Appropriations Act, amends this section to allow DCDEE to adjust the allocations in the Child Care and Development Fund Block Grant under Section 12J.1 of S.L. 2013-360 to the final amount for administration and fraud detection and investigation initiatives. The Division shall report to the Joint Legislative Oversight Committee on Health and Human Services and the Fiscal Research Division no later than September 30, 2013 on the final amount allocated for administrative costs.)	Yes	9/30/13; 5/1/14 12/31/2014			
SB 402	12B.8	STUDY USE OF UNIQUE STUDENT IDENTIFIER/CHILD CARE SUBSIDY	Directs the Division of Child Development and Early Education (DCDEE) to coordinate with the Department of Public Instruction in studying assigning unique student identifiers to monitor, throughout their education, the performance levels of children receiving child care subsidies. DCDEE shall report on the results of the study to the Joint Legislative Oversight Committee on Health and Human Services, the Joint Legislative Oversight Committee on Information Technology, and the Fiscal Research Division by April 1, 2014.	Yes	03/31/2014			
SB 402	12B.9	EARLY CHILDHOOD EDUCATION AND DEVELOPMENT INITIATIVES ENHANCEMENTS/SALARY SCHEDULE/MATCH REQUIREMENT ADJUSTMENTS	Directs the North Carolina Partnership for Children, Inc. (NCPC) and its Board to establish policies that focus on improving child care quality in North Carolina for children from birth to five years of age. NCPC shall maintain administrative costs at no more than eight percent of the total statewide allocation to all local partnerships. NCPC shall not reduce allocations for counties with less than 35,000 population below their FY 2012-13 funding level. The provision prohibits NCPC from allocating funds for use on capital expenditures and on advertising and promotional activities. Local partnerships are prohibited from using State funds on marketing and advertising.	Yes	N/A			

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2013 Session of the North Carolina General Assembly								
SB 402	12C.4	USE OF FOSTER CARE BUDGET FOR GUARDIANSHIP ASSISTANCE PROGRAM	Authorizes the Division of Social Services (DSS) to use existing funds available for foster care services to support a Guardianship Assistance Program that will allow existing foster parents to serve as legal guardians of children in foster care. In order for a child to be eligible for the program, the child must be deemed to be in a permanent family placement setting, eligible for legal guardianship, and otherwise unlikely to receive permanency.	No	N/A	The Division of Social Services is working on preparation and submission of rules to implement this provision. Target date 2016.		
SB 402	12C.5	CHILD WELFARE POSTSECONDARY SUPPORT PROGRAM (NC REACH)	Authorizes $200,000 for FY 2013-14 and $400,000 for FY 2014-15 to be used to expand NC REACH, a child welfare postsecondary support program that provides assistance for the educational needs of youth aging out of foster care and for special needs children adopted from foster care after age 12.	No	N/A	This program continues to serve youth who are accepted for a North Carolina public school of higher education for the full cost of attendance, after all other funding sources have been expended.		
SB 402	12C.10	A FAMILY FOR EVERY CHILD/PROVISION OF FOSTER CARE	Subsections (a) and (b) direct the use of appropriations for the Adoption Promotion Fund and the Permanency Innovation Initiative Fund for each year of the FY 2013-15 biennium. Subsection (c) amends G.S. 108A-50.2 to change the name of the "Special Children Adoption Fund" to the "Adoption Promotion Fund;" Subsections (d) and (e) recodify G.S. 131D-10.1 through G.S. 131D-10.9 as Part 1 of Article 1A of Chapter 131D of the General Statutes; and create a new Part 2, "A Family for Every Child Initiative," in Article 1A of Chapter 131D of the General Statutes. The Permanency Innovation Initiative Oversight Committee is created and is located administratively in the General Assembly. The Committee shall collect and analyze information on the initiative, identify short and long term cost-savings, oversee program implementation, and study and recommend other policies and services that impact permanency and well-being outcomes. The Committee shall submit a report to the General Assembly annually by September 15 on its findings, analysis, and recommendations. The Permanency Innovation Initiative Fund is created to support a demonstration project to improve permanency outcomes of children living in foster care. (H.B. 971)	No	Report Not Applicable to DHHS	The Permanency Innovations Initiative was authorized by the N.C.G.A. to provide oversight and guidance for the services in a pilot project. Staff from the Division of Social Services serve on the committee and are providing information as requested. The committee is drafting the report.		
SB 402	12D.2	TIERED STATE-COUNTY SPECIAL ASSISTANCE PILOT	Directs the Division of Aging & Adult Services (DAAS) to establish a State-County Special Assistance pilot program for a minimum of 12 months in four to six counties (at least two rural and two urban) to implement a tiered rate structure for individuals residing in group homes, in-home living arrangements, and assisted living residences. The program objectives are to (i) determine how to implement a block grant for this program statewide and (ii) test the feasibility and effectiveness of implementing a tiered rate structure to address program participants' intensity of need. DAAS shall submit a progress report on the pilot program implementation by February 1, 2014 and a final report to the Joint Legislative Oversight Committee on Health and Human Services and the Fiscal Research Division by February 1, 2015.	Yes	Monday, 2/3/2014; 2/1/2015			
SB 402	12D.3	STATE-COUNTY SPECIAL ASSISTANCE	Sets FY 2013-15 biennium State-County Special Assistance rates for adult care home residents at $1,182 per month per resident and at $1,515 per month per resident for special care units.	YES	NA	These rates have been implemented.		

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SB 402	12E.1	INCREASE PERMIT FEES FOR CERTAIN FOOD AND LODGING ESTABLISHMENTS	Amends G.S. 130A-247 to increase the annual permit fee for food and lodging establishments from $75 to $120, effective August 1, 2013. The portion of the fee retained by the State is increased from 33.3 percent ($25) to $50. S.L. 2011-145, Sec. 31.11A, and S.L. 2012-142, Sec. 10.15, provisions amending food and lodging fees effective July 1, 2013 are repealed.	Yes	N/A			
SB 402	12E.2	MODIFICATIONS TO ORAL HEALTH STRATEGY	Encourages health departments to increase access to direct clinical care in their dental clinics. Fifteen FTE positions within the Oral Health Section are eliminated, effective October 1, 2013. The Department of Health and Human Services shall submit a revised statewide oral health strategic plan that includes recommendations for reorganizing the Oral Health Section, improving public oral health and increasing access to dental care by February 1, 2014 to the Joint Legislative Oversight Committee on Health and Human Services and the Fiscal Research Division.	Yes	Monday, 2/3/2014	15 FTEs were eliminated & statewide coverage areas for remaining dental hygienists were adjusted.		
SB 402	12E.4	CHILDREN'S DEVELOPMENTAL SERVICE AGENCIES	Authorizes DHHS to close up to four of the 16 Children's Developmental Service Agencies (CDSAs), effective July 1, 2014, with direction to retain the CDSA in the City of Morganton, as well as the CDSAs with the highest caseloads of children residing in rural and medically underserved areas. DHHS shall submit a report to the Joint Legislative Oversight Committee on Health and Human Services and the Fiscal Research Division by March 1, 2014 identifying any CDSAs selected for closure.	Yes	02/28/2014	Plan outlined in the legislative report was to expand existing coverage area of Greenville CDSA (contract with East Carolina University) to include counties covered by 3 existing state-owned and operated CDSAs (Cape Fear, New Bern and Rocky Mount) and to close these 3 state-owned CDSAs. ECU decided not to pursue this expanded coverage area. Associated FTE cut (160 FTEs) was made in state CDSAs, and no CDSAs were closed.		
SB 402	12E.5	AIDS DRUG ASSISTANCE PROGRAM	Directs DHHS to work with the Department of Public Safety (DPS) to ensure that DPS expenditures for AIDS pharmaceuticals can be included in State matching funds required to draw down federal Ryan White funds. DHHS shall report to the Joint Legislative Oversight Committee on Health and Human Services and the Fiscal Research Division by April 1, 2014 and April 1, 2015 on alternatives for serving individuals eligible to receive services under the AIDS Drug Assistance Program (ADAP), including the State Medicaid program and the federally facilitated Health Benefit Exchange.	Yes	4/1/2014; 4/1/2015 Report not yet due	DHHS/DPH works annually with DPS to ensure these pharmaceutical expenditures are used for state matching funds in Ryan White program. 4/1/2014 legislative report was submitted; 4/1/2015 report is pending.		
SB 402	12E.6	COMMUNITY-FOCUSED ELIMINATING HEALTH DISPARITIES INITIATIVE	Directs DHHS to award up to 12 grants, not to exceed $300,000 each, to local health departments, hospitals, community and faith-based organizations, and the Community Care of North Carolina networks for initiatives to eliminate health disparities among minority populations. S.L. 2011-145, Sec. 10.21(d), is amended to replace the annual reporting requirement with a one-time report to the Joint Legislative Oversight Committee on Health and Human Services and the Fiscal Research Division by October 1, 2013.	Yes	10/01/2013			

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SB 402	12F.2	FUNDS FOR LOCAL INPATIENT PSYCHIATRIC BEDS OR BED DAYS	Directs the use of $38,121,644 in funds appropriated to the Division of MH/DD/SAS for crisis services each year of the FY 2013-15 biennium to increase the number of community hospital beds available to Local Management Entities/Managed Care Organizations under the State-administered three-way contracts. DHHS shall develop a two-tiered system of payment for purchasing beds or bed days, with an enhanced rate of payment for higher acuity level beds, not to exceed the lowest average cost per patient bed day among the State psychiatric hospitals. The use of these funds to supplant other funds appropriated or otherwise available for this purpose is prohibited. The Hospital Utilization Pilot Program required by S.L. 2012-142, Sec. 10.10 is repealed. DHHS shall submit a report on the uniform system and other State-funded initiatives to the Joint Legislative Oversight Committee on Health and Human Services and the Fiscal Research Division by no later than March 1, 2014.	Yes	02/28/2014			
SB 402	12F.3	FUNDS FOR THE NORTH CAROLINA CHILD TREATMENT PROGRAM	Directs the use of funds appropriated for the FY 2013-15 biennium for the NC Child Treatment Program for clinical training on evidence-based mental health treatment for children. The Department shall develop a secure, online database to provide individual and aggregate-level data. All data, including data entered or stored in the database, is and shall remain State property. (S.B. 605)	Yes	N/A			
SB 402	12F.4A	BEHAVIORAL HEALTH CLINICAL INTEGRATION AND PERFORMANCE MONITORING	Requires DHHS to ensure Local Management Entity/Managed Care Organizations (i) implement clinical integration activities with Community Care of North Carolina (CCNC) through the Total Care collaborative and (ii) submit claims data to both the CCNC Informatics Center and the Medicaid Management Information System no later than January 1, 2014. DHHS shall develop quality and performance indicators for mental health, developmental disabilities and substance abuse services. DHHS shall report on outcomes and savings associated with implementation of clinical integration activities to the Joint Legislative Oversight Committee on Health and Human Services and the Fiscal Research Division by no later than March 1, 2014 and semiannually thereafter.	Yes	2/28/14; and 8/28/14; 3/1/15 Report not yet due			
SB 402	12F.5	MH/DD/SAS HEALTH CARE INFORMATION SYSTEM PROJECT	Prohibits expenditure of funds to further develop and implement a health care information system for the State-operated facilities until 1) DHHS submits a detailed plan no later than March 1, 2014 to the Joint Legislative Oversight Committee on Health and Human Services, the Joint Legislative Oversight Committee on Information Technology, and the Fiscal Research Division; and 2) DHHS receives prior approval from the State's Chief Information Officer.	Yes	02/03/2014	Report was submitted to both LOC and Fiscal Research through the DHHS Chief Information Officer. Presented to LOC on March 12, 2014, and was approved to move forward. State CIO has required that RFI be created and posted to give all vendors an opportunity to respond.		
SB 402	12F.6	LME/MCO FUNDS FOR SUBSTANCE ABUSE SERVICES	Directs Local Management Entities/Managed Care Organizations to fund substance abuse prevention and education activities at a level that, at a minimum, is equal to the amount spent in FY 2012-13. The Department of Health and Human Services shall allocate up to $300,000 to the Treatment Accountability for Safer Communities Program.	Yes	N/A			

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SB 402	12F.7	STUDY WAYS TO IMPROVE OUTCOMES AND EFFICIENCIES IN ALCOHOL & DRUG ABUSE TREATMENT PROGRAMS	Directs DHHS to study and report options to improve outcomes and reduce operating costs associated with inpatient treatment at Alcohol and Drug Abuse Treatment Centers by no later than April 1, 2014 to the Joint Legislative Oversight Committee on Health and Human Services and the Fiscal Research Division. The Joint Legislative Program Evaluation Oversight Committee shall consider including in the 2014 Work Plan for the Program Evaluation Division of the General Assembly a study of the most effective and efficient ways to operate inpatient alcohol and drug abuse treatment programs.	Yes	04/01/2014	Report was submitted on April 1, 2014. PED completed the study of the most effective and efficient ways to operate inpatient alcohol and drug abuse treatment programs. PED Recommendation 1. The General Assembly should integrate the Alcohol and Drug Abuse Treatment Centers (ADATCs) into North Carolina's community-based substance abuse treatment system and require Local Management Entities/Managed Care Organizations to pay for and manage utilization of ADATC services. In response to this recommendation, loss of capacity of the ASAM 3.9 – 4.0 level will place a burden on the local Emergency Departments and increase the use of the state psychiatric hospitals to serve individuals with substance abuse disorders. It will be essential to the continuum of care for a business plan to be outlined for the three ADATCs to estimate the need for ASAM level 3.9 – 4.0 inpatient services, adjust based on demand for those services, establish rates and streamline the authorization process. A robust publically funded substance abuse treatment system is essential to ensuring the most vulnerable citizens in the state receive appropriate and timely services. North Carolina must ensure that there is adequate capacity for safety net services for those individuals with substance use and other co-occurring mental health issues that surpass community capacity. Appropriate management of the utilization and review functions of ADATC services is essential to controlling the utilization and ensuring payment for services. It is critical to continually assess the statewide need for ASAM level 3.9 – 4.0 inpatient services and not replace inpatient services with community based services but rather focus on appropriate placement along the ASAM continuum of care. The Alcohol Drug Abuse Treatment Centers (ADATCs) provide specialized inpatient treatment for individuals in need of substance abuse and psychiatric stabilization and treatment whose needs exceed the community's capacity to treat. Often these individuals are on an involuntary commitment (IVC) from their community, have co-occurring mental illness and/or have medical complications. They take referrals directly from the Emergency Departments for individuals who		
						are on commitment due to suicidal or homicidal ideations. In SFY 2007, more than one out of every five (21%) admissions to the state psychiatric hospitals were for individuals with a primary substance use diagnosis and this dropped to less than one out of ten (8%) of admissions by SFY 2013 and to only 6.7% in SFY 2014.		
SB 402	12H.11	NC HEALTH CHOICE TEMPORARY EXTENDED COVERAGE	Allows persons turning 19 after June 1, 2013 to pay a premium to maintain NC Health Choice insurance coverage until the federal Health Benefit Exchange is operational.	Yes	N/A	The FFM went live October 1, 2013.		
SB 402	12H.12	STUDY POTENTIAL SAVINGS THROUGH THE PURCHASE OF INSURANCE	Requires DHHS to study the opportunities for savings in State funding by purchasing health insurance for individuals who are currently served by programs administered by DHHS. DHHS shall report no later than April 1, 2014 to the Joint Legislative Oversight Committee on Health and Human Services.	Yes	04/02/2014			

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2013 Session of the North Carolina General Assembly								
SB 402	12H.13	MODIFICATIONS TO EXISTING COVERED SERVICES AND PAYMENT FOR SERVICES	Adjusts the covered services and payments for covered services under Medicaid and NC Health Choice, including: Subsection (b) eliminates inflationary rate increases with the exception of Federally Qualified Health Centers, Rural Health Centers, State Operated services, Hospice, Part B and D Premiums, third party and HMO premiums, drugs, and MCO capitation payments;	Yes	N/A	NC SPAs 13-012 (submitted 9/24/2013, approved 12/11/2013); 13-013 (submitted 9/24/2013, approved 12/11/2013); 13-014 (submitted 09/24/2013, approved 12/05/2013); 13-015 (submitted 9/24/2013, approved **12/04/2014**); 13-016 (submitted 9/24/2013, approved **12/11/2014**); 13-017 (submitted 09/24/2013, approved **12/08/2014**); 13-018 (submitted 09/24/2013, approved 12/11/2013); 13-019 (submitted 09/24/2013, approved 12/11/2013); 13-020 (submitted 09/24/2013, approved 12/11/2013); 13-021 (submitted 09/24/2013, approved 12/11/2013); 13-022 (submitted 09/24/2013, approved 12/11/2013); 13-023 (submitted 09/24/2013, approved 12/11/2013); 13-024 (submitted 09/24/2013, approved 12/11/2013); 13-025 (submitted 09/24/2013, approved 12/11/2013); 13-026 (submitted 9/24/2013, approved **08/28/2014**); 13-027 (submitted 09/24/2013, approved 12/12/2013); 13-028 (submitted 09/24/2013, approved 12/12/2013); 13-029 (submitted 09/24/2013, approved **10/20/2014**); 13-030 (submitted 09/24/2013, approved 12/12/2013); 13-031 (submitted 09/24/2013, approved 12/12/2013); 13-032 (submitted 09/24/2013, approved 12/20/2013); 13-033 (submitted 09/24/2013, approved 12/12/2013); 13-034 (submitted 09/24/2013, approved 12/12/2013); 13-035 (submitted 09/24/2013, approved 12/12/2013); 13-036 (submitted 09/24/2013, approved 12/12/2013); 13-037 (submitted 09/24/2013, approved 12/12/2013); 13-038 (submitted 09/24/2013, approved 12/05/2013); 13-039 (submitted 09/24/2013, approved 12/12/2013)		
			Subsection (c) increases copays to the maximum allowed by the federal Centers for Medicare and Medicaid Services;	Pending	N/A	NC SPA 13-044 submitted 12/31/2013; received IRAI and conference call 01/07/2013; conference call 1/17/2014 to confirm copays would be subject to 5% family income cap; received RAI 3/11/2014; pending response. How to identify Native Americans exempt from copays is outstanding issue, as well as other policy challenges. Will require significant programming in NCTracks.		
			Subsection (d) (1) requires prior authorization for visits in excess of ten per recipient per fiscal year for professional services provided by physicians, nurse practitioners, nurse midwives, physician assistants, clinics, and health departments (currently required for visits in excess of 22). (Requirement does not apply to chronic conditions.);	Pending	N/A	NC SPA 14-003 submitted 3/31/2014; received IRAI from CMS 05/01/2014; received RAI 6/12/2014; submitted RAI responses to CMS 11/24/2014; received IRAI from CMS 12/11/2014; received revised questions to Post-IRAI 01/09/2015; submitted IRAI responses 01/09/2015; received additional IRAI 01/12/2015; submitted IRAI responses 01/13/2015; pending approval.		
			Subsection (d) (2) limits adult rehabilitation home visits for set up and training to three within a 12-month period;	Yes	N/A	No SPA required. Implemented in policy and NCTracks on 06/01/2014; two additional tiers were further limited and can be viewed in Clinical Coverage Policy 10A, Section 5.0.		
			Subsection (e) reduces the percentage of allowable costs for hospital outpatients from 80 percent to 70 percent;	Yes	N/A	NC SPA 14-002 submitted 03/31/2014; received IRAI 05/01/2014; submitted IRAI responses 06/03/2014; received IRAI 06/10/2014; submitted IRAI responses 06/10/2014; approved 06/19/2014. Not required to be implemented in NCTracks.		
			Subsection (f) changes reimbursement rates for specialty drugs based on Wholesale Acquisition Cost (WAC) pricing to 101 percent of WAC and drugs based on the State Medicaid Allowable Cost (SMAC) pricing to 150 percent of SMAC; and	Yes	N/A	SPA 14-008 submitted 03/31/2014; received IRAI 4/22/14; submitted IRAI response 4/29/2014; received IRAI 05/12/2014; submitted IRAI response 06/03/2014; received IRAI 6/16/2014; received RAI 07/08/2014; submitted RAI response 8/20/2014; received IRAI 11/06/2014; submitted IRAI response 11/06/2014; approved 11/17/2014. Implemented in NCTracks 01/01/2014.		
			Subsection (g) authorizes the Department to implement prior authorization for mental health drugs.	N/A	N/A	Provision revised per Technical Corrections bill SL 2013-363, Section 4.4.		
			(S.L. 2013-363, Sec. 4.13, Modifications/2013 Appropriations Act, amends Sec. 12.H.13(f) to change the reimbursement rate for nonspecialty drugs based on WAC pricing to 102.7 percent of WAC and to change dispensing fees based upon a tiered chart. Section 4.4 also amends Sec. 12H.13(g) to prohibit DHHS from requiring prior authorization for mental health drugs on the Preferred Drug List.)	Yes	N/A	SPA 14-008 submitted 03/31/2014; received IRAI 4/22/14; submitted IRAI response 4/29/2014; received IRAI 05/12/2014; submitted IRAI response 06/03/2014; received IRAI 6/16/2014; received RAI 07/08/2014; submitted RAI response 8/20/2014; received IRAI 11/06/2014; submitted IRAI response 11/06/2014; received approval 11/17/2014. Implemented in NCTracks 01/01/2014.		

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2013 Session of the North Carolina General Assembly								
SB 402	12H.13A	ADDITIONAL MANAGEMENT OF DRUG UTILIZATION	Directs DHHS to work with Community Care North Carolina (CCNC) to ensure better pharmacy management including recipient compliance, pharmacy compliance with CCNC protocols, and the identification of insurance recipients that are frequent users of the pharmacies to coordinate with physicians and pharmacists to implement steps to enhance CCNC care management programs	Yes	N/A			
SB 402	12H.16	ADMINISTRATIVE HEARINGS FUNDING; CONTINGENCY FEES TO AUDIT CONTRACTORS	Continues a $1 million transfer from DHHS to the Office of Administrative Hearings for mediation services and recipient appeals. A new General Statute, G.S. 108C-5.1, is created to prohibit DHHS from paying contingency fees to any contractor conducting Medicaid post-payment reviews or Recovery Audit Contractor (RAC) audits before all appeal rights have been exhausted. The State's final payment shall not exceed the State share of the amount actually recovered by the Department.	Yes	N/A			
SB 402	12H.18	SHARED SAVINGS PLAN WITH PROVIDERS	Directs the DHHS to consult with providers and develop a shared savings incentive plan to reward providers based on performance. DHHS shall report no later than March 1, 2014 to the Joint Legislative Oversight Committee on Health and Human Services on the development of the shared savings plan. Performance incentive payments are authorized effective January 1, 2015. DHHS shall withhold three percent of payments to specific Medicaid providers beginning January 1, 2014. The Department shall use the funds withheld from prescription drug payments to develop a program for Medicaid and Health Choice recipients with Community Care of North Carolina (CCNC) that is similar to ChecKmeds NC Program.	Yes	Monday, 3/3/2014	NC SPAs 14-004 (submitted 03/19/2014, approved 08/22/2014); 14-005 (submitted 03/31/2014, approved 06/24/2014); 14-006 (submitted 03/31/2014, approved 06/24/2014); 14-007 (submitted 03/31/2014, approved 06/27/2014); 14-009 (submitted 03/31/2014, approved 06/27/2014); 14-010 (submitted 03/31/2014, approved 09/02/2014); 14-012 (submitted 03/31/2014, approved 06/27/2014); 14-013 (submitted 03/31/2014, approved 06/19/2014). All implemented in NCTracks 01/01/2014, except physician reduction; still pending implementation. Revised/rewritten in SL 2014-100.		
SB 402	12H.19	MODIFY HOSPITAL PROVIDER ASSESSMENTS BY CHANGING AMOUNT RETAINED BY STATE TO A PERCENTAGE	Amends G.S. 108A-121(8) to change the amount that the State collects and retains from hospital provider assessments from $43 million to 25.9 percent of collections (approximately $52 million in FY 2013-14). The State shall continue to retain 25.9 percent for hospitals acquired by providers that are currently exempt from assessments. (S.L. 2013-397, Sec. 10, LME/MCO Enrollee Grievances and Appeals, amends Sec. 12H.19 to stipulate that the first $43 million of the State's annual Medicaid payment must be allocated between the equity assessment and the upper payment limit (UPL) assessment; and that the portion above $43 million will be allocated to the UPL assessment.)	Yes	N/A	Implemented in September 2013.		
SB 402	12H.20	MODIFY MEDICAID RATE METHODOLOGIES FOR RECENTLY ACQUIRED PROVIDERS; CREATE REGIONAL BASE RATES FOR HOSPITALS	Requires DHHS to reduce hospital base rates for acquired hospitals (post December 31, 2011) to what the rates were prior to acquisition. DHHS shall replace existing individual base rates for all hospitals with new regional base rates.	No	N/A	Revised/rewritten in SL 2014-100.		

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2013 Session of the North Carolina General Assembly								
SB 402	12H.21	COMMUNITY CARE OF NORTH CAROLINA COST-EFFECTIVENESS AND OUTCOMES STUDY; CONTINUED REPORTING	Directs the Office of the State Auditor to engage nationally recognized medical researchers to conduct a detailed study of Community Care of North Carolina (CCNC) effectiveness, as recommended by the State Auditor. $100,000 in State funds is authorized to be used for the study. The CCNC Network shall report quarterly to DHHS and to the Office of State Budget and Management (OSBM) on the development of a statewide Enhanced Primary Care Case Management system and defined goals. The CCNC Network shall submit biannual reports to the Secretary of Health and Human Services, OSBM, the House of Representatives Appropriations Subcommittee on Health and Human Services, the Senate Appropriations Committee on Health and Human Services, and the Fiscal Research Division on progress and implementation.	Yes	Not a DHHS Report	Quarterly report from CCNC to OSBM.		
SB 402	12H.22	COMMUNITY CARE OF NORTH CAROLINA TO SET AND PAY PER MEMBER PER MONTH PAYMENTS ON PERFORMANCE BASIS TO ENCOURAGE BETTER CARE MANAGEMENT	Directs DHHS to contract with the North Carolina Community Care Networks (NCCCN) to administer performance-based per member per month payments to participating physicians and to adjust the payment methodology (contingent upon contract re-negotiation with NCCCN).	No	05/01/2014	Provision revised/rewritten in SL 2014-100.		
SB 402	12H.26	MEDICAID COST CONTAINMENT ACTIVITIES	Allows DHHS to use up to $5 million each year of the FY 2013-15 biennium for administrative activities that achieve cost savings. DHHS shall report by December 1 annually on the expenditures under this provision to the House and Senate Appropriations Subcommittees on Health and Human Services and the Fiscal Research Division.	N/A	Monday, 12/2/13, 12/1/14	No cost containment activities were reported during this time period.		
SB 402	12H.28	CONTINUE A+KIDS REGISTRY AND ASAP INITIATIVE	Directs CCNC and DHHS to continue to monitor the prescription and administration of atypical antipsychotics for Medicaid recipients under age 18 as well as to utilize a prior authorization policy for Medicaid recipients age 18 and older. CCNC and DHHS shall report on the effectiveness of these programs to the Joint Legislative Oversight Committee on Health and Human Services by no later than April 1, 2014.	Yes	04/01/2014			
HB 112	4.4	BUDGET CHANGE: MODIFICATIONS TO EXISTING COVERED SERVICES AND PAYMENT FOR SERVICES	Amends S.L. 2013-360, Sec. 12H.13(g), Appropriations Act of 2013, to prohibit the Department from requiring prior authorization for medications on the Preferred Drug List (PDL) that are prescribed for mental illness.	Yes	N/A			
HB 112	4.7	TECHNICAL CHANGE: ADMINISTRATIVE ALLOWANCE FOR COUNTY DEPARTMENTS OF SOCIAL SERVICES/USE OF SUBSIDY FUNDS FOR FRAUD DETECTION	Amends S.L. 2013-360, Sec. 12B.7, Appropriations Act of 2013, to allow the Division of Child Development and Early Education (DCDEE) to adjust allocations in the Child Care and Development Fund Block Grant, Section 12J.1 of S.L. 2013-360, after adjusting for administration and fraud detection and investigation initiatives. DCDEE shall report to the Joint Legislative Oversight Committee on Health and Human Services and the Fiscal Research Division no later than September 30, 2013 on the final amount allocated for administrative costs.	Yes	09/30/2013			

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2013 Session of the North Carolina General Assembly								
HB 112	4.13	BUDGET CHANGE: MODIFICATIONS TO EXISTING COVERED SERVICES AND PAYMENT FOR SERVICES	Amends S.L. 2013-360, Sec. 12H.13, Appropriations Act of 2013, by revising drug reimbursements as follows: (1) Requires specialty drug prices based on the Wholesale Acquisition Cost (WAC) to be paid at 101 percent of WAC. (2) Requires non-specialty drug prices based on WAC to be paid at 102.7 percent of WAC. (3) Sets dispensing rate for brand drugs at two dollars ($2.00). (4) Sets rates for dispensing generic drugs based on the percentages of generic drugs dispensed by the pharmacy in the previous quarter, as follows: Percentage Tier — Rate Greater than or equal to 80% — $7.75 Greater than or equal to 75% and less than 80% — $5.50 Greater than or equal to 70% and less than 75% — $2.00 Less than 70% — $1.00	Yes	N/A	SPA 14-008 submitted 03/31/2014; received IRAI 4/22/14; submitted IRAI response 4/29/2014; received IRAI 05/12/2014; submitted IRAI response 06/03/2014; received IRAI 6/16/2014; received RAI 07/08/2014; submitted RAI response 8/20/2014; received IRAI 11/06/2014; submitted IRAI response 11/06/2014; approved 11/17/2014.		
HB 112	4.16	BUDGET CHANGE: STUDY WAYS TO IMPROVE OUTCOMES AND EFFICIENCIES IN ALCOHOL & DRUG ABUSE TREATMENT PROGRAMS	Amends S.L. 2013-360, Appropriations Act of 2013, to add a new subsection 12F.7(c) that removes the requirement that the Department of Health and Human Services (DHHS) must reduce each Alcohol and Drug Abuse Treatment Center (ADATC) budget by 12 percent. DHHS is provided flexibility to implement the reduction by decreasing the variability of per bed costs across the three facilities. DHHS is prohibited from closing any of the ADATCs.	Yes	N/A	The $4.9M was reduced from the ADATC budgets as of October 1, 2013 (as soon as a plan was approved). This $4.9M resulted in the closure of 44 beds and a reduction of 44.4 FTE's across the three ADATC's. The $4.9M reduction and associated FTE's were primarily applied to direct care and services, which resulted in a lower economies of scale. Due to the loss in efficiencies, the three ADATC's ended SFY 13/14 with an overall shortfall of $5.2M. Additionally the daily rate/per diem charged for care in these Facilities has increased from an average of $630 per day to $897 per day. As a result of the 12% budget reduction in SFY 13, JFK had a bed reduction of only 15% (compared to 18% at WBJ and 23% at RJB). Preserving more beds combined with the shortage of nursing and physician staff resulted in a greater impact on occupancy. RJB closed more beds as a result of the 12% budget reduction in SFY 13 (a 23% bed reduction) and they paid out a legal settlement in the amount of $527,946 in SFY 14. The combination of both, resulted in a higher rate for RJB in SFY 14 (9% increase for RJB compared to 6% for WBJ and 3% for JFK last SFY). WBJ's rate increase is due to the 12% budget reduction in SFY 13 that resulted in an 18% bed reduction for WBJ as well as the decrease in occupancy due to a shortage of Physicians due to recruitment and hiring challenges. CMS has been involved with WBJ since April of 2013 with a considerable amount of time and presence on site since 9/17/2014.		

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2013 Session of the North Carolina General Assembly				**Complete (Yes/No)**	**Date Report Submitted (If Applicable)**	**Additional Information (For all Medicaid items please include SPA related date information (submitted and approved/rejected) and the dates the required changes were implemented into NC Tracks. You will not have to repeat information included in the Money Item Spreadsheet, but note that the information is in the separate document.)**		
HB 112	4.18	BUDGET CHANGE: REQUIRED PARTICIPATION IN NC HIE FOR SOME PROVIDERS	Amends S.L. 2013-382, Modern State Human Resources Management/RTR, to require that the NC Health Information Exchange (HIE) provide DHHS real-time access to data and information contained in the NC HIE. DHHS and NC HIE shall execute an agreement governing the use of the data in compliance with the Health Information Portability and Accountability Act of 1996 (P.L.104-191). DHHS and NC HIE shall submit a joint report on the agreement to the Joint Legislative Oversight Committees on Information Technology and Health and Human Services.	Yes	05/13/2014			
SB 553	10	MODIFY ALLOCATION OF STATE'S SHARE IN HOSPITAL PROVIDER ASSESSMENT TAX	Amends G.S. 108A-123(d) to change the calculation of the increase in the State's retention from hospital assessments so as to more equitably allocate the increased portion. The first $43 million of the State's retention shall be allocated between the equity assessment and the upper payment limit (UPL) assessment. The State's retention of the assessment above $43 million shall be allocated to the UPL assessments.	Yes	N/A			